

PTO/SB/17 (07-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

FEE TRANSMITTAL FOR FY 2007 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 620.00 Attorney Docket No. 2658-0314P METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name. Birch, Stewart, Kolasch &	Effective on 12/08/2004.	Complete if Known			
First Named Inventor Hong S. LEE Examiner Name Mr. D. Vargot		Application Number	L		
First Named Inventor Hong S. LEE	FFF TRANSMITTAL	Filing Date	November 7, 2003		
Applicant claims small entity status See 37 CFR 1.27 Art Unit 1732		First Named Inventor	Hong S. LEE		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, a Charge fee(s) indicated below, a Charge fae(s) or underpayments of Tefa 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FE	FOF FY 2007	Examiner Name	M. D. Vargot		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below X Charge fee(s) indicated below X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee	Applicant claims small entity status. See 37 CFR 1.27	Art Unit			
Check Credit Card Money Order Ober (please identify): X Deposit Account Deposit Account Number: O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	TOTAL AMOUNT OF PAYMENT (\$) 620.00	Attorney Docket No.	2658-0314P		
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any overpayments The fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit a	METHOD OF PAYMENT (check all that apply)				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any overpaym	Check Credit Card Money Order None Other (please identify):				
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X SAMINATION FEE	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,				
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
Fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION					
The color of the					
Small Entity Fee (\$) Fee (\$)	FEE CALCULATION				
Application Type Fee (\$) Fee (\$) Fee (\$) Small Entity Fee (\$) F	1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
Application Type Fee (\$) Fee (
Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100				Fees Paid (\$)	
Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100					
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100					
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100	6				
Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Fee (\$) Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Small Entity Fee (\$) Fee (\$) 25 25					
Fee (\$)Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100		0 0	U	Small Entitu	
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100	Foo (\$) Fee (\$)				
Each independent claim over 3 (including Reissues) 200 100					
•	·				
	Multiple dependent claims				
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims	Total Claims Extra Claims Fee (\$) Fee	Paid (\$) Multiple Depen		nt Claims	
27 -27 = x = <u>Fee (\$)</u> <u>Fee Paid (\$)</u>			Fee (\$) <u>F</u>	ee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.	HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims					
2 - 3 = X = HP = highest number of independent claims paid for, if greater than 3.					
	3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
100 = /50 = (round up to a whole number) x =					
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): 1401 Notice of appeal 500.00					
Other (e.g., rate riting surcharge): 1251 Extension for response within first month 120.00					
	SUBMITTED BY // / / / / / / / / / / / / / / / / /				
Signature Carmey 1. Eller, 4 +139,538 Registration No. (Attorney/Agent) 40,953 Telephone (703) 205-8000	Signature James 1. Eller, & +139,538		3 Telephone	(703) 205-8000	
			Date So	eptember 18, 2007	

EHC/GH/cl